

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Concerned American Voters

ADDRESS (number and street) ▼

3030 Clarendon Blvd Ste 204

☐ Check if different than previously reported. (ACC)

Arlington

VA

22201

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00525899

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2014

through

M M M / D D D / Y Y Y Y Y Y
06 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Edward King

Signature of Treasurer

Edward King

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
12 01 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Concerned American Voters

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2014		1869.32
(b) Cash on Hand at Beginning of Reporting Period.....	1869.32	
(c) Total Receipts (from Line 19)	70157.50	70157.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	72026.82	72026.82
7. Total Disbursements (from Line 31)	67747.63	67747.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4279.19	4279.19
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Concerned American Voters

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
04		01		2014

To:

M M	/	D D	/	Y Y Y Y
06		30		2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

70157.50

70157.50

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

70157.50

70157.50

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

70157.50

70157.50

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

70157.50

70157.50

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

70157.50

70157.50

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	32139.65	32139.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	32139.65	32139.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	35607.98	35607.98
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	67747.63	67747.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67747.63	67747.63

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	70157.50	70157.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	70157.50	70157.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	32139.65	32139.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	32139.65	32139.65

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 84

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Young Americans for Liberty Inc

Mailing Address PO Box 2751

City State Zip Code
Arlington VA 22202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3528.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.4636

Amount of Each Receipt this Period

3528.00

In-kind - Room Rental - Best Western Hotel

Full Name (Last, First, Middle Initial)

B. Young Americans for Liberty Inc

Mailing Address PO Box 2751

City State Zip Code
Arlington VA 22202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28538.00

Date of Receipt

05 / 08 / 2014

Transaction ID : SA11AI.4637

Amount of Each Receipt this Period

10.00

In-kind: Payment made to Google for Voice number

Full Name (Last, First, Middle Initial)

C. Young Americans for Liberty Inc

Mailing Address PO Box 2751

City State Zip Code
Arlington VA 22202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28528.00

Date of Receipt

05 / 08 / 2014

Transaction ID : SA11AI.4638

Amount of Each Receipt this Period

25000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

28538.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 84
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Young Americans for Liberty Inc

Mailing Address PO Box 2751

City State Zip Code
Arlington VA 22202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

32906.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.4639

Amount of Each Receipt this Period

4368.00

In-kind - Room Rental - Best Western Hotel

Full Name (Last, First, Middle Initial)

B. Young Americans for Liberty Inc

Mailing Address PO Box 2751

City State Zip Code
Arlington VA 22202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

33157.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 21 / 2014

Transaction ID : SA11AI.4640

Amount of Each Receipt this Period

251.50

In-kind - Ticket - US Airways Kate Miucci

Full Name (Last, First, Middle Initial)

C. Young Americans for Liberty Inc

Mailing Address PO Box 2751

City State Zip Code
Arlington VA 22202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

58157.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 22 / 2014

Transaction ID : SA11AI.4641

Amount of Each Receipt this Period

25000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

29619.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Young Americans for Liberty Inc

Mailing Address PO Box 2751

City

Arlington

State

VA

Zip Code

22202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

70157.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2014

Transaction ID : SA11AI.4642

Amount of Each Receipt this Period

12000.00

Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12000.00

70157.50

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 84

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Baja Fresh

Mailing Address 3231 Duke St.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2014
Transaction ID : SB21B.4691

Amount of Each Disbursement this Period

164.98

Full Name (Last, First, Middle Initial)

B. Baja Fresh

Mailing Address 3231 Duke St.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2014
Transaction ID : SB21B.4717

Amount of Each Disbursement this Period

164.98

Full Name (Last, First, Middle Initial)

C. Baja Fresh

Mailing Address 3231 Duke St.

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 02 / 2014
Transaction ID : SB21B.4753

Amount of Each Disbursement this Period

164.98

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

494.94

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 84

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Best Western

Mailing Address 6721 Commerce St.

City Springfield State VA Zip Code 22150

Purpose of Disbursement
Call agent lodging

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 23 2014

Transaction ID : SB21B.4711

Amount of Each Disbursement this Period

4368.00

Full Name (Last, First, Middle Initial)

B. Best Western

Mailing Address 6721 Commerce St.

City Springfield State VA Zip Code 22150

Purpose of Disbursement
Call agent lodging

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 30 2014

Transaction ID : SB21B.4737

Amount of Each Disbursement this Period

2184.00

Full Name (Last, First, Middle Initial)

C. Boston Market

Mailing Address 6650 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 11 2014

Transaction ID : SB21B.4659

Amount of Each Disbursement this Period

231.79

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6783.79

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 84

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Boston Market

Mailing Address 6650 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 17 / 2014
Transaction ID : SB21B.4684

Amount of Each Disbursement this Period

174.69

Full Name (Last, First, Middle Initial)

B. Boston Market

Mailing Address 6650 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2014
Transaction ID : SB21B.4713

Amount of Each Disbursement this Period

231.79

Full Name (Last, First, Middle Initial)

C. Boston Market

Mailing Address 6650 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2014
Transaction ID : SB21B.4744

Amount of Each Disbursement this Period

231.79

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

638.27

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Chipotle

Mailing Address 6770 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 16 2014
Transaction ID : SB21B.4681

Amount of Each Disbursement this Period

112.78

Full Name (Last, First, Middle Initial)

B. Chipotle

Mailing Address 6770 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 20 2014
Transaction ID : SB21B.4699

Amount of Each Disbursement this Period

17.91

Full Name (Last, First, Middle Initial)

C. Chipotle

Mailing Address 6770 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 30 2014
Transaction ID : SB21B.4741

Amount of Each Disbursement this Period

142.25

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

272.94

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Concerned American Voters

A. Chipotle

Mailing Address 6770 Richmond Hwy

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement	Call agent food
-------------------------	-----------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement



Transaction ID : SB21B.4763

Amount of Each Disbursement this Period

Response	Percentage
U.S. should take more action to reduce global warming	19.98%

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address 6000 N Terminal Pkwy

City	State	Zip Code
Atlanta	GA	30337

Purpose of Disbursement
Travel - Ticket Purchase

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.4676

Amount of Each Disbursement this Period

374.00

Full Name (Last, First, Middle Initial)

C. Dishes of India

Mailing Address 1510ABelle View Blvd

City	State	Zip Code
Alexandria	VA	22307

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.4732

Amount of Each Disbursement this Period

222.60

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

616.58

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Famous Dave's

Mailing Address 6630 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 20 2014
Transaction ID : SB21B.4693

Amount of Each Disbursement this Period

209.64

Full Name (Last, First, Middle Initial)

B. Famous Dave's

Mailing Address 6630 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 01 2014
Transaction ID : SB21B.4748

Amount of Each Disbursement this Period

219.18

Full Name (Last, First, Middle Initial)

C. Five Guys

Mailing Address 7622 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 12 2014
Transaction ID : SB21B.4664

Amount of Each Disbursement this Period

201.09

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

629.91

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Five Guys

Mailing Address 7622 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 19 2014
Transaction ID : SB21B.4690

Amount of Each Disbursement this Period

196.28

Full Name (Last, First, Middle Initial)

B. Five Guys

Mailing Address 7622 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 28 2014
Transaction ID : SB21B.4730

Amount of Each Disbursement this Period

182.88

Full Name (Last, First, Middle Initial)

C. Five Guys

Mailing Address 7622 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 03 2014
Transaction ID : SB21B.4756

Amount of Each Disbursement this Period

149.38

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

528.54

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Concerned American Voters

A. Giant

Mailing Address 6800 Richmond Hwy

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement	Call agent food
-------------------------	-----------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.4747

Amount of Each Disbursement this Period

31.09

B. Giant

Full Name (Last, First, Middle Initial)

Mailing Address 6800 Richmond Hwy

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.4751

Amount of Each Disbursement this Period

44.98

C. Jimmy John's

Full Name (Last, First, Middle Initial)

Mailing Address 6305 Richmond Hwy

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.4670

Amount of Each Disbursement this Period

103.86

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

179.93

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Jimmy John's

Mailing Address 6305 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 17 / 2014
Transaction ID : SB21B.4685

Amount of Each Disbursement this Period

103.86

Full Name (Last, First, Middle Initial)

B. Jimmy John's

Mailing Address 6305 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2014
Transaction ID : SB21B.4708

Amount of Each Disbursement this Period

101.74

Full Name (Last, First, Middle Initial)

C. Jimmy John's

Mailing Address 6305 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2014
Transaction ID : SB21B.4736

Amount of Each Disbursement this Period

101.74

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

307.34

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. New China Taste

Mailing Address 5910 N Kings Hwy

City Alexandria State VA Zip Code 22303

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 13 / 2014

Transaction ID : SB21B.4668

Amount of Each Disbursement this Period

230.00

Full Name (Last, First, Middle Initial)

B. NorthStar Campaign Systems

Mailing Address 11237 Davenport St.
Ste 110B

City Omaha State NE Zip Code 68156

Purpose of Disbursement
CRM System Rental

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SB21B.4680

Amount of Each Disbursement this Period

1475.00

Full Name (Last, First, Middle Initial)

C. NorthStar Campaign Systems

Mailing Address 11237 Davenport St.
Ste 110B

City Omaha State NE Zip Code 68156

Purpose of Disbursement
CRM Monthly Service Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
06 / 09 / 2014

Transaction ID : SB21B.4770

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2455.00

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Paisano's Pizza

Mailing Address 6937A Telegraph Rd

City Alexandria State VA Zip Code 22310

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 18 / 2014
Transaction ID : SB21B.4688

Amount of Each Disbursement this Period

134.44

Full Name (Last, First, Middle Initial)

B. Paisano's Pizza

Mailing Address 6937A Telegraph Rd

City Alexandria State VA Zip Code 22310

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2014
Transaction ID : SB21B.4714

Amount of Each Disbursement this Period

126.03

Full Name (Last, First, Middle Initial)

C. Paisano's Pizza

Mailing Address 6937A Telegraph Rd

City Alexandria State VA Zip Code 22310

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2014
Transaction ID : SB21B.4731

Amount of Each Disbursement this Period

139.44

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

399.91

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Paisano's Pizza

Mailing Address 6937A Telegraph Rd

City Alexandria State VA Zip Code 22310

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 03 2014
Transaction ID : SB21B.4755

Amount of Each Disbursement this Period

203.03

Full Name (Last, First, Middle Initial)

B. Panda Express

Mailing Address 6307 Richmond Hwy

City Richmond State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 26 2014
Transaction ID : SB21B.4724

Amount of Each Disbursement this Period

147.34

Full Name (Last, First, Middle Initial)

C. PASSMailing Address 1950 Roland Clarke Place
Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement
FEC Compliance Reporting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 16 2014
Transaction ID : SB21B.4679

Amount of Each Disbursement this Period

4600.83

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4951.20

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Potbelly's Sandwiches

Mailing Address 401 John Caryle St

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2014
Transaction ID : SB21B.4727

Amount of Each Disbursement this Period

184.40

Full Name (Last, First, Middle Initial)

B. Target

Mailing Address 6600 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 25 / 2014
Transaction ID : SB21B.4720

Amount of Each Disbursement this Period

110.15

Full Name (Last, First, Middle Initial)

C. Target

Mailing Address 6600 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 25 / 2014
Transaction ID : SB21B.4722

Amount of Each Disbursement this Period

25.96

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

320.51

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address 600 Jefferson St Ste 1900

City Houston State TX Zip Code 77002

Purpose of Disbursement
Travel - ticket purchase

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2014

Transaction ID : SB21B.4716

Amount of Each Disbursement this Period

309.00

Full Name (Last, First, Middle Initial)

B. Wal-Mart

Mailing Address 6303 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
General Operations - office supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2014

Transaction ID : SB21B.4648

Amount of Each Disbursement this Period

432.71

Full Name (Last, First, Middle Initial)

C. Wal-Mart

Mailing Address 6303 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
General Operations - Office supplies

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2014

Transaction ID : SB21B.4658

Amount of Each Disbursement this Period

12.23

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

753.94

SCHEDULE B (FEC Form 3X)
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Wal-Mart

Mailing Address 6303 Richmond Hwy

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

Transaction ID : SB21B.4683

Amount of Each Disbursement this Period

53.11

Full Name (Last, First, Middle Initial)

B. Wal-Mart

Mailing Address 6303 Richmond Hwy

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		18		2014

Transaction ID : SB21B.4689

Amount of Each Disbursement this Period

65.21

Full Name (Last, First, Middle Initial)

C. Wal-Mart

Mailing Address 6303 Richmond Hwy

City	State	Zip Code
Alexandria	VA	22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2014

Transaction ID : SB21B.4709

Amount of Each Disbursement this Period

93.14

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

211.46

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Wal-Mart

Mailing Address 6303 Richmond Hwy

City Alexandria State VA Zip Code 22306

Purpose of Disbursement
Call agent food

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 03 2014
Transaction ID : SB21B.4759

Amount of Each Disbursement this Period

36.65

Full Name (Last, First, Middle Initial)

B. Young Americans for Liberty Inc

Mailing Address PO Box 2751

City Arlington State VA Zip Code 22202

Purpose of Disbursement
In-kind - Room Rental - Best Western Hotel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 07 2014
Transaction ID : SB21B.4646

Amount of Each Disbursement this Period

3528.00

Full Name (Last, First, Middle Initial)

C. Young Americans for Liberty Inc

Mailing Address PO Box 2751

City Arlington State VA Zip Code 22202

Purpose of Disbursement
In-kind: Payment made to Google for Voice number

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 08 2014
Transaction ID : SB21B.4645

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3574.65

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 84

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Young Americans for Liberty Inc

Mailing Address PO Box 2751

City	State	Zip Code
Arlington	VA	22202

Purpose of Disbursement
In-kind - Room Rental - Best Western Hotel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2014

Transaction ID : SB21B.4644

Amount of Each Disbursement this Period

4368.00

Full Name (Last, First, Middle Initial)

B. Young Americans for Liberty Inc

Mailing Address PO Box 2751

City	State	Zip Code
Arlington	VA	22202

Purpose of Disbursement
In-kind - Ticket - US Airways Kate Miucci

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2014

Transaction ID : SB21B.4643

Amount of Each Disbursement this Period

251.50

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4619.50
29182.54

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 31 OF 84
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters		FEC IDENTIFICATION NUMBER ▼ C C00525899
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Becca Adkins		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2014
Mailing Address 10309 Waterford Ln		Amount 80.00
City Fredericksburg	State VA	Zip Code 22408
Purpose of Expenditure Call agent pay - Phone bank (05/10/14 - 05/16/14)	Category/ Type 001	Transaction ID : SE.5175 Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014
Name of Federal Candidate BRYAN SMITH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought 5928.11		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Becca Adkins		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014
Mailing Address 10309 Waterford Ln		Amount 180.00
City Fredericksburg	State VA	Zip Code 22408
Purpose of Expenditure Call agent pay - Phone bank (05/17/14 - 05/23/14)	Category/ Type 001	Transaction ID : SE.5194 Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2014
Name of Federal Candidate IGOR A BIRMAN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 3721.61		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	260.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward King

[Electronically Filed]

Date

MM / DD / YYYY
12 / 01 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 32 OF 84
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Gabriel Aquino			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2014		
Mailing Address 14508 Kestral Ct			Amount 240.00		
City Woodbridge		State VA	Zip Code 22193		Transaction ID : SE.5180
Purpose of Expenditure Call agent pay - Phone bank (05/10/14 - 05/16/14)		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014	
Name of Federal Candidate BRYAN SMITH			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>02</u> <input type="checkbox"/> President State: <u>ID</u>		
Calendar Year-To-Date Per Election for Office Sought 7088.11			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Gabriel Aquino			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014		
Mailing Address 14508 Kestral Ct			Amount 240.00		
City Woodbridge		State VA	Zip Code 22193		Transaction ID : SE.5200
Purpose of Expenditure Call agent pay - Phone bank (05/17/14 - 05/23/14)		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2014	
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>07</u> <input type="checkbox"/> President State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought 4921.61			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			480.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Edward King</i>			Date MM / DD / YYYY 12 / 01 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 33 OF 84
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters		FEC IDENTIFICATION NUMBER ▼ C C00525899	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	

Full Name of Payee Gabriel Aquino		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014	
Mailing Address 14508 Kestral Ct		Amount 240.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : SE.5219
Purpose of Expenditure Call agent pay - Phone bank (05/24/14 - 05/30/14)		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		14164.26	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Gabriel Aquino		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2014	
Mailing Address 14508 Kestral Ct		Amount 175.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : SE.5239
Purpose of Expenditure Call agent pay - Phone bank (05/31/14 - 06/03/14)		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		22329.66	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	415.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward King

[Electronically Filed]

Date

 MM / DD / YYYY
12 / 01 / 2014

Signature

Full Name of Payee Grace Charleton		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014	
Mailing Address 13811 Turtle Ct		Amount 240.00	
City Gainesville	State VA	Zip Code 20155	Transaction ID : SE.5201
Purpose of Expenditure Call agent pay - Phone bank (05/17/14 - 05/23/14)	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2014
Name of Federal Candidate IGOR A BIRMAN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 07 State: CA
Calendar Year-To-Date Per Election for Office Sought	5161.61	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	➤	480.00
(b) SUBTOTAL of Unitemized Independent Expenditures	➤	
(c) TOTAL Independent Expenditures.....	➤	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 35 OF 84
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Grace Charleton		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014		
Mailing Address 13811 Turtle Ct		Amount 240.00		
City Gainesville	State VA	Zip Code 20155	Transaction ID : SE.5220	
Purpose of Expenditure Call agent pay - Phone bank (05/24/14 - 05/30/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014	
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		14404.26	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Grace Charleton		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2014		
Mailing Address 13811 Turtle Ct		Amount 175.00		
City Gainesville	State VA	Zip Code 20155	Transaction ID : SE.5240	
Purpose of Expenditure Call agent pay - Phone bank (05/31/14 - 06/03/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2014	
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		22504.66	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		415.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Edward King</i>		[Electronically Filed] Date MM / DD / YYYY 12 / 01 / 2014		

Full Name of Payee Marc Connuck		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014	
Mailing Address 1344 Buford Dr		Amount 240.00	
City Yardley	State PA	Zip Code 19067	Transaction ID : SE.5227 Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014
Purpose of Expenditure Call agent pay - Phone bank (05/24/14 - 05/30/14)		Category/ Type 001	
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: CA
Calendar Year-To-Date Per Election for Office Sought 16084.26		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>480.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

Full Name of Payee Nick D'Auteuil		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2014	
Mailing Address 432 Sycamore Dr, #3		Amount 480.00	
City Decatur	State GA	Zip Code 30030	Transaction ID : SE.5189
Purpose of Expenditure Call agent pay - Phone bank (05/10/14 - 05/16/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014
Name of Federal Candidate BRYAN SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought 9328.11		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....		520.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Nick D'Auteuil		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014	
Mailing Address 432 Sycamore Dr, #3		Amount 480.00	
City Decatur	State GA	Zip Code 30030	Transaction ID : SE.5230
Purpose of Expenditure Call agent pay - Phone bank (05/24/14 - 05/30/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 17044.26		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		960.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 39 OF 84
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Nick D'Auteuil			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2014		
Mailing Address 432 Sycamore Dr, #3			Amount 350.00		
City State Zip Code Decatur GA 30030		Transaction ID : SE.5249 Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2014			
Purpose of Expenditure Call agent pay - Phone bank (05/31/14 - 06/03/14)		Category/Type 001			
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought 23899.66			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Michael Fellner			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2014		
Mailing Address 9 West Rd			Amount 240.00		
City State Zip Code Mahwah NJ 07430		Transaction ID : SE.5188 Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014			
Purpose of Expenditure Call agent pay - Phone bank (05/10/14 - 05/16/14)		Category/Type 001			
Name of Federal Candidate BRYAN SMITH			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ID</u>		
Calendar Year-To-Date Per Election for Office Sought 8848.11			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			590.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Edward King</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 12 / 01 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 40 OF 84
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters		FEC IDENTIFICATION NUMBER ▼ C C00525899	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	

Full Name of Payee Michael Fellner		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014	
Mailing Address 9 West Rd		Amount 240.00	
City Mahwah	State NJ	Zip Code 07430	Transaction ID : SE.5209
Purpose of Expenditure Call agent pay - Phone bank (05/17/14 - 05/23/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Michael Fellner		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014	
Mailing Address 9 West Rd		Amount 240.00	
City Mahwah	State NJ	Zip Code 07430	Transaction ID : SE.5228
Purpose of Expenditure Call agent pay - Phone bank (05/24/14 - 05/30/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	480.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward King

[Electronically Filed]

Date

 MM / DD / YYYY
 12 / 01 / 2014

Signature

Full Name of Payee Mariya Frolove		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2014	
Mailing Address 4535 Papillion Ct		Amount 80.00	
City Fredericksburg	State VA	Zip Code 22408	Transaction ID : SE.5187
Purpose of Expenditure Call agent pay - Phone bank (05/10/14 - 05/16/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014
Name of Federal Candidate BRYAN SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought 8608.11		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>255.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Frontier		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2014	
Mailing Address 7001 Tower Rd.		Amount 40.00	
City Denver	State CO	Zip Code 80249	Transaction ID : SE.4918 Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2014
Purpose of Expenditure Call agent pay - Phone bank (5/25/14 - 6/3/14)		Category/ Type 001	
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 21279.66		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

MM / DD / YYYY

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Levi Gourdie		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014	
Mailing Address 8801 Horizon Dr		Amount 240.00	
City Traverse City	State MI	Zip Code 49686	Transaction ID : SE.5226
Purpose of Expenditure Call agent pay - Phone bank (05/24/14 - 05/30/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 15844.26		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>440.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward King

[Electronically Filed]

Date _____

Signature

Full Name of Payee i360		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 09 / 2014	
Mailing Address PO Box 37046		Amount 1553.88	
City Baltimore	State MD	Zip Code 21297	Transaction ID : SE.4775
Purpose of Expenditure List purchase		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 09 / 2014
Name of Federal Candidate BRYAN SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: ID
Calendar Year-To-Date Per Election for Office Sought 1553.88		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee i360		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 22 / 2014	
Mailing Address PO Box 37046		Amount 1499.16	
City Baltimore	State MD	Zip Code 21297	Transaction ID : SE.4923
Purpose of Expenditure List purchase		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 22 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 2099.12		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	3053.04
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 45 OF 84
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters		FEC IDENTIFICATION NUMBER ▼ C C00525899
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Sean Ingram		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2014
Mailing Address 81 CR 3089		Amount 240.00
City Double Springs	State AL	Zip Code 35553
Purpose of Expenditure Call agent pay - Phone bank (05/10/14 - 05/16/14)	Category/ Type 001	Transaction ID : SE.5191 Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014
Name of Federal Candidate BRYAN SMITH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought 9708.11		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Sean Ingram		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014
Mailing Address 81 CR 3089		Amount 240.00
City Double Springs	State AL	Zip Code 35553
Purpose of Expenditure Call agent pay - Phone bank (05/17/14 - 05/23/14)	Category/ Type 001	Transaction ID : SE.5213 Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2014
Name of Federal Candidate IGOR A BIRMAN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 8081.61		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	480.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward King

[Electronically Filed]

Date

MM / DD / YYYY
12 / 01 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00525899 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee Sean Ingram			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014		
Mailing Address 81 CR 3089			Amount 240.00		
City Double Springs		State AL	Zip Code 35553		Transaction ID : SE.5232
Purpose of Expenditure Call agent pay - Phone bank (05/24/14 - 05/30/14)		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014	
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought			17524.26		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Sean Ingram			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2014		
Mailing Address 81 CR 3089			Amount 175.00		
City Double Springs		State AL	Zip Code 35553		Transaction ID : SE.5251
Purpose of Expenditure Call agent pay - Phone bank (05/31/14 - 06/03/14)		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2014	
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought			24249.66		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			415.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Edward King</u>			[Electronically Filed]		Date MM / DD / YYYY 12 / 01 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Samuel Jordan			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2014		
Mailing Address 430 Melbourne Ave			Amount 140.00		
City Youngstown		State OH	Zip Code 44512		Transaction ID : SE.5190
Purpose of Expenditure Call agent pay - Phone bank (05/10/14 - 05/16/14)		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014	
Name of Federal Candidate BRYAN SMITH			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: ID		
Calendar Year-To-Date Per Election for Office Sought 9468.11			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Nathaniel Kelley			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014		
Mailing Address 7402 Willshire Hunt Ct			Amount 180.00		
City Springfield		State VA	Zip Code 22153		Transaction ID : SE.5210
Purpose of Expenditure Call agent pay - Phone bank (05/17/14 - 05/23/14)		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2014	
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: CA		
Calendar Year-To-Date Per Election for Office Sought 7221.61			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			320.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Edward King</i>			Date MM / DD / YYYY 12 / 01 / 2014		

[Electronically Filed]

Full Name of Payee Nathaniel Kelley		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2014	
Mailing Address 7402 Willshire Hunt Ct		Amount 90.00	
City Springfield	State VA	Zip Code 22153	Transaction ID : SE.5248 Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2014
Purpose of Expenditure Call agent pay - Phone bank (05/31/14 - 06/03/14)		Category/ Type 001	
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: CA
Calendar Year-To-Date Per Election for Office Sought		23549.66	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	330.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Edward King

[Electronically Filed]

Date 12 / 01 / 2014

Signature _____

Full Name of Payee Daniel Kendrick		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014	
Mailing Address 107 Pickens St		Amount 240.00	
City Eutaw	State AL	Zip Code 35462	Transaction ID : SE.5197
Purpose of Expenditure Call agent pay - Phone bank (05/17/14 - 05/23/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 4441.61		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤	440.00
(b) SUBTOTAL of Unitemized Independent Expenditures ➤	
(c) TOTAL Independent Expenditures..... ➤	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 50 OF 84
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters		FEC IDENTIFICATION NUMBER ▼ C C00525899	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Daniel Kendrick		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014	
Mailing Address 107 Pickens St		Amount 240.00	
City Eutaw	State AL	Zip Code 35462	Transaction ID : SE.5217
Purpose of Expenditure Call agent pay - Phone bank (05/24/14 - 05/30/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Daniel Kendrick		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2014	
Mailing Address 107 Pickens St		Amount 175.00	
City Eutaw	State AL	Zip Code 35462	Transaction ID : SE.5237
Purpose of Expenditure Call agent pay - Phone bank (05/31/14 - 06/03/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		415.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Edward King</i>		Date MM / DD / YYYY 12 / 01 / 2014	
		[Electronically Filed]	

Full Name of Payee Jared LeSage		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014	
Mailing Address 3937 Picasso Ct		Amount 240.00	
City Charlotte	State NC	Zip Code 28205	Transaction ID : SE.5204
Purpose of Expenditure Call agent pay - Phone bank (05/17/14 - 05/23/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 5881.61		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div></div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Jared LeSage		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2014	
Mailing Address 3937 Picasso Ct		Amount 175.00	
City Charlotte	State NC	Zip Code 28205	Transaction ID : SE.5242
Purpose of Expenditure Call agent pay - Phone bank (05/31/14 - 06/03/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 22854.66		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		415.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Christian Lockamy		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014	
Mailing Address 1089 Aman Dairy Rd		Amount 240.00	
City Dunn	State NC	Zip Code 28334	Transaction ID : SE.5215
Purpose of Expenditure Call agent pay - Phone bank (05/24/14 - 05/30/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President District: 07 State: CA
Calendar Year-To-Date Per Election for Office Sought 13204.26		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Christian Lockamy		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2014	
Mailing Address 1089 Aman Dairy Rd		Amount 175.00	
City Dunn	State NC	Zip Code 28334	Transaction ID : SE.5235 Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2014
Purpose of Expenditure Call agent pay - Phone bank (05/31/14 - 06/03/14)		Category/ Type 001	
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: CA
Calendar Year-To-Date Per Election for Office Sought 21629.66		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	415.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters		FEC IDENTIFICATION NUMBER ▼ C C00525899	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee Kathleen Miucci		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2014	
Mailing Address 1262 Missouri St		Amount 240.00	
City San Diego	State CA	Zip Code 92109	Transaction ID : SE.5185
Purpose of Expenditure Call agent pay - Phone bank (05/10/14 - 05/16/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014
Name of Federal Candidate BRYAN SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		8288.11	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Kathleen Miucci		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014	
Mailing Address 1262 Missouri St		Amount 240.00	
City San Diego	State CA	Zip Code 92109	Transaction ID : SE.5205
Purpose of Expenditure Call agent pay - Phone bank (05/17/14 - 05/23/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		6121.61	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	480.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward King

[Electronically Filed]

Date

 MM / DD / YYYY
12 / 01 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 56 OF 84
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters		FEC IDENTIFICATION NUMBER ▼ C C00525899
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Kathleen Miucci		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014	
Mailing Address 1262 Missouri St		Amount 240.00	
City San Diego	State CA	Zip Code 92109	Transaction ID : SE.5224
Purpose of Expenditure Call agent pay - Phone bank (05/24/14 - 05/30/14)		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		15364.26	

Full Name of Payee Kathleen Miucci		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2014	
Mailing Address 1262 Missouri St		Amount 175.00	
City San Diego	State CA	Zip Code 92109	Transaction ID : SE.5243
Purpose of Expenditure Call agent pay - Phone bank (05/31/14 - 06/03/14)		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		23029.66	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	415.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward King

[Electronically Filed]

Date

MM / DD / YYYY
12 / 01 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 57 OF 84
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee NorthStar Campaign Systems			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 10 / 2014		
Mailing Address 11237 Davenport St. Ste 110B			Amount 285.33		
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4777		
Purpose of Expenditure Phone minutes		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 10 / 2014		
Name of Federal Candidate BRYAN SMITH			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>02</u> <input type="checkbox"/> President State: <u>ID</u>		
Calendar Year-To-Date Per Election for Office Sought 1839.21			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee NorthStar Campaign Systems			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 11 / 2014		
Mailing Address 11237 Davenport St. Ste 110B			Amount 297.77		
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4778		
Purpose of Expenditure Phone minutes		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 11 / 2014		
Name of Federal Candidate BRYAN SMITH			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>02</u> <input type="checkbox"/> President State: <u>ID</u>		
Calendar Year-To-Date Per Election for Office Sought 2136.98			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			583.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Edward King</u>			Date MM / DD / YYYY 12 / 01 / 2014		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 58 OF 84
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee NorthStar Campaign Systems			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 11237 Davenport St. Ste 110B			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">602.93</div>		
City Omaha		State NE	Zip Code 68156		Transaction ID : SE.4779
Purpose of Expenditure Phone minutes		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate BRYAN SMITH			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> State: <u>ID</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2739.91</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee NorthStar Campaign Systems			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">13</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 11237 Davenport St. Ste 110B			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">658.97</div>		
City Omaha		State NE	Zip Code 68156		Transaction ID : SE.4780
Purpose of Expenditure Phone minutes		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">13</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate BRYAN SMITH			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> State: <u>ID</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3398.88</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1261.90</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Edward King</u>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee NorthStar Campaign Systems			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">14</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 11237 Davenport St. Ste 110B			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">644.19</div>		
City Omaha State NE Zip Code 68156		Transaction ID : SE.4781 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">14</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>			
Purpose of Expenditure Phone minutes		Category/Type 001			
Name of Federal Candidate BRYAN SMITH			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">4043.07</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee NorthStar Campaign Systems			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 11237 Davenport St. Ste 110B			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">671.00</div>		
City Omaha State NE Zip Code 68156		Transaction ID : SE.4782 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>			
Purpose of Expenditure Phone minutes		Category/Type 001			
Name of Federal Candidate BRYAN SMITH			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">4714.07</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1315.19</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Edward King</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 60 OF 84
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters		FEC IDENTIFICATION NUMBER ▼ C C00525899	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee NorthStar Campaign Systems		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2014	
Mailing Address 11237 Davenport St. Ste 110B		Amount 894.04	
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4783
Purpose of Expenditure Phone minutes		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2014
Name of Federal Candidate BRYAN SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee NorthStar Campaign Systems		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 17 / 2014	
Mailing Address 11237 Davenport St. Ste 110B		Amount 708.11	
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4789
Purpose of Expenditure Phone minutes		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 17 / 2014
Name of Federal Candidate BRYAN SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		1602.15	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Edward King</i>		Date M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee NorthStar Campaign Systems			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 20 / 2014</div>		
Mailing Address 11237 Davenport St. Ste 110B			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">705.42</div>		
City Omaha		State NE	Zip Code 68156		Transaction ID : SE.4787
Purpose of Expenditure Phone minutes		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 20 / 2014</div>	
Name of Federal Candidate BRYAN SMITH			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ID</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12739.62</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee NorthStar Campaign Systems			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 21 / 2014</div>		
Mailing Address 11237 Davenport St. Ste 110B			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">-1556.30</div>		
City Omaha		State NE	Zip Code 68156		Transaction ID : SE.4811
Purpose of Expenditure Phone minutes adjustment for 5/11/14 to 5/20/14		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 21 / 2014</div>	
Name of Federal Candidate BRYAN SMITH			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ID</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11183.32</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">-850.88</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Edward King</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12 / 01 / 2014</div>		

Full Name of Payee NorthStar Campaign Systems		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>05 / 22 / 2014</div> </div>	
Mailing Address 11237 Davenport St. Ste 110B		Amount <div> <div>Amount</div> <div>599.96</div> </div>	
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4928 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>05 / 22 / 2014</div> </div>
Purpose of Expenditure Phone minutes		Category/ Type <div> <div>Category/Type</div> <div>001</div> </div>	
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought <div> <div>Calendar Year-To-Date Per Election for Office Sought</div> <div>2699.08</div> </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1199.92
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

MM / DD / YYYY

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters		FEC IDENTIFICATION NUMBER ▼ C C00525899	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>			
Full Name of Payee NorthStar Campaign Systems		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">23</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Mailing Address 11237 Davenport St. Ste 110B		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">602.53</div>	
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4794
Purpose of Expenditure Phone minutes	Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">23</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate IGOR A BIRMAN		Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3301.61</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee NorthStar Campaign Systems		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Mailing Address 11237 Davenport St. Ste 110B		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">622.02</div>	
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4795
Purpose of Expenditure Phone minutes	Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate IGOR A BIRMAN		Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">8703.63</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1224.55</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>Edward King</u> <div style="text-align: right;">[Electronically Filed]</div>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee NorthStar Campaign Systems			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 11237 Davenport St. Ste 110B			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">406.58</div>		
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4797		
Purpose of Expenditure Phone minutes		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Name of Federal Candidate IGOR A BIRMAN			Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">9110.21</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee NorthStar Campaign Systems			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">26</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 11237 Davenport St. Ste 110B			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">705.87</div>		
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4798		
Purpose of Expenditure Phone minutes		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">26</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Name of Federal Candidate IGOR A BIRMAN			Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">9816.08</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1112.45</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Edward King</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee NorthStar Campaign Systems			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 05 / 27 / 2014		
Mailing Address 11237 Davenport St. Ste 110B			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">458.34</div>		
City Omaha State NE Zip Code 68156		Transaction ID : SE.4799			
Purpose of Expenditure Phone minutes		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 05 / 27 / 2014	
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10274.42</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee NorthStar Campaign Systems			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 05 / 28 / 2014		
Mailing Address 11237 Davenport St. Ste 110B			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">450.45</div>		
City Omaha State NE Zip Code 68156		Transaction ID : SE.4800			
Purpose of Expenditure Phone minutes		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 05 / 28 / 2014	
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10724.87</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">908.79</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Edward King</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 12 / 01 / 2014		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee NorthStar Campaign Systems			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">29</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 11237 Davenport St. Ste 110B			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">823.27</div>		
City Omaha		State NE	Zip Code 68156		Transaction ID : SE.4801
Purpose of Expenditure Phone minutes		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">29</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11548.14</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee NorthStar Campaign Systems			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 11237 Davenport St. Ste 110B			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1176.12</div>		
City Omaha		State NE	Zip Code 68156		Transaction ID : SE.4803
Purpose of Expenditure Phone minutes		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12724.26</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1999.39</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Edward King</i>			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 68 OF 84
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters		FEC IDENTIFICATION NUMBER ▼ C C00525899	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee NorthStar Campaign Systems		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 31 / 2014	
Mailing Address 11237 Davenport St. Ste 110B		Amount 1059.39	
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4804
Purpose of Expenditure Phone minutes		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 31 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee NorthStar Campaign Systems		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2014	
Mailing Address 11237 Davenport St. Ste 110B		Amount 820.50	
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4805
Purpose of Expenditure Phone minutes		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 06 / 01 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		1879.89	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Edward King</i>		Date MM / DD / YYYY 12 / 01 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 69 OF 84
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters		FEC IDENTIFICATION NUMBER ▼ C C00525899	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee NorthStar Campaign Systems		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 02 / 2014	
Mailing Address 11237 Davenport St. Ste 110B		Amount 934.30	
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4806
Purpose of Expenditure Phone minutes		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 06 / 02 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee NorthStar Campaign Systems		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2014	
Mailing Address 11237 Davenport St. Ste 110B		Amount 721.21	
City Omaha	State NE	Zip Code 68156	Transaction ID : SE.4808
Purpose of Expenditure Phone minutes		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		1655.51	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Edward King</i>		Date MM / DD / YYYY 12 / 01 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 70 OF 84
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters		FEC IDENTIFICATION NUMBER ▼ C C00525899	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Elijah O'Kelley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2014	
Mailing Address 1511 Choyce Johnson Rd		Amount 240.00	
City Statham	State GA	Zip Code 30666	Transaction ID : SE.5179
Purpose of Expenditure Call agent pay - Phone bank (05/10/14 - 05/16/14)		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2014
Name of Federal Candidate BRYAN SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Elijah O'Kelley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2014	
Mailing Address 1511 Choyce Johnson Rd		Amount 240.00	
City Statham	State GA	Zip Code 30666	Transaction ID : SE.5199
Purpose of Expenditure Call agent pay - Phone bank (05/17/14 - 05/23/14)		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		480.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Edward King</i>		Date M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2014	
		[Electronically Filed]	

Full Name of Payee Elijah O'Kelley		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2014	
Mailing Address 1511 Choyce Johnson Rd		Amount 175.00	
City Statham	State GA	Zip Code 30666	Transaction ID : SE.5238
Purpose of Expenditure Call agent pay - Phone bank (05/31/14 - 06/03/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 22154.66		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	415.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward King

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters		FEC IDENTIFICATION NUMBER ▼ C C00525899
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Thomas Papperman		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2014
Mailing Address 21 Hillview Ter		Amount 200.00
City Waterford	State NY	Zip Code 12188
Purpose of Expenditure Call agent pay - Phone bank (05/10/14 - 05/16/14)	Category/Type 001	Transaction ID : SE.5192 Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014
Name of Federal Candidate BRYAN SMITH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought 9908.11		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Jacob Pritchett		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2014
Mailing Address 713 West 19th St		Amount 240.00
City Tempe	State AZ	Zip Code 85281
Purpose of Expenditure Call agent pay - Phone bank (05/10/14 - 05/16/14)	Category/Type 001	Transaction ID : SE.5183 Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014
Name of Federal Candidate BRYAN SMITH	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought 7808.11		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	440.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward King

[Electronically Filed]

Date

MM / DD / YYYY
12 / 01 / 2014

Signature

Full Name of Payee Jacob Pritchett		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014	
Mailing Address 713 West 19th St		Amount 240.00	
City Tempe	State AZ	Zip Code 85281	Transaction ID : SE.5222 Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014
Purpose of Expenditure Call agent pay - Phone bank (05/24/14 - 05/30/14)		Category/ Type 001	
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: CA
Calendar Year-To-Date Per Election for Office Sought 14884.26		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>480.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Edward King

[Electronically Filed]

Date 12 / 01 / 2014

Signature _____

Full Name of Payee Steven Ramirez		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014	
Mailing Address 2914 W Corrine Dr		Amount 180.00	
City Phoenix	State AZ	Zip Code 85029	Transaction ID : SE.5233
Purpose of Expenditure Call agent pay - Phone bank (05/24/14 - 05/30/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 17704.26		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		355.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Edward King

[Electronically Filed]

Date 12 / 01 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 75 OF 84
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Steven Ramirez			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2014	
Mailing Address 2914 W Corrine Dr			Amount 175.00	
City Phoenix	State AZ	Zip Code 85029	Transaction ID : SE.5252	
Purpose of Expenditure Call agent pay - Phone bank (05/31/14 - 06/03/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2014	
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought		24424.66	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Kevin Renfrow			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2014	
Mailing Address 1355 S Bay Rd			Amount 240.00	
City Toledo	State OR	Zip Code 97391	Transaction ID : SE.5186	
Purpose of Expenditure Call agent pay - Phone bank (05/10/14 - 05/16/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014	
Name of Federal Candidate BRYAN SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ID</u>	
Calendar Year-To-Date Per Election for Office Sought		8528.11	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			415.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Edward King</i>		[Electronically Filed] Date MM / DD / YYYY 12 / 01 / 2014		

Full Name of Payee Kevin Renfrow		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014	
Mailing Address 1355 S Bay Rd		Amount 240.00	
City Toledo	State OR	Zip Code 97391	Transaction ID : SE.5225
Purpose of Expenditure Call agent pay - Phone bank (05/24/14 - 05/30/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 15604.26		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		480.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 77 OF 84
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / MM / YYYY					
Full Name of Payee Kevin Renfrow			Date of Public Distribution/Dissemination MM / MM / YYYY 06 / 03 / 2014		
Mailing Address 1355 S Bay Rd			Amount 175.00		
City Toledo	State OR	Zip Code 97391	Transaction ID : SE.5244		
Purpose of Expenditure Call agent pay - Phone bank (05/31/14 - 06/03/14)		Category/ Type 001	Date of Disbursement or Obligation MM / MM / YYYY 06 / 03 / 2014		
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		23204.66	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Nick Smith			Date of Public Distribution/Dissemination MM / MM / YYYY 05 / 23 / 2014		
Mailing Address 14 Farmstead Rd			Amount 140.00		
City Commack	State NY	Zip Code 11725	Transaction ID : SE.5212		
Purpose of Expenditure Call agent pay - Phone bank (05/17/14 - 05/23/14)		Category/ Type 001	Date of Disbursement or Obligation MM / MM / YYYY 05 / 23 / 2014		
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		7841.61	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			315.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Edward King</i>		[Electronically Filed]		Date MM / MM / YYYY 12 / 01 / 2014	

Full Name of Payee Nick Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2014	
Mailing Address 14 Farmstead Rd		Amount 175.00	
City Commack	State NY	Zip Code 11725	Transaction ID : SE.5250
Purpose of Expenditure Call agent pay - Phone bank (05/31/14 - 06/03/14)		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2014
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought 24074.66		District: 07 State: CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	➤	415.00
(b) SUBTOTAL of Unitemized Independent Expenditures	➤	
(c) TOTAL Independent Expenditures.....	➤	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 79 OF 84
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00525899 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee Aaron Spradlin		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M / D D / Y Y Y Y Y Y 05 / 16 / 2014 </div>	
Mailing Address 1661 Grayson Tpke		Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> 240.00 </div>	
City Wytheville	State VA	Zip Code 24382	Transaction ID : SE.5174 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M / D D / Y Y Y Y Y Y 05 / 16 / 2014 </div>
Purpose of Expenditure Call agent pay - Phone bank (05/10/14 - 05/16/14)		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate BRYAN SMITH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: ID	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%;"> 5848.11 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Aaron Spradlin		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M / D D / Y Y Y Y Y Y 05 / 23 / 2014 </div>	
Mailing Address 1661 Grayson Tpke		Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> 240.00 </div>	
City Wytheville	State VA	Zip Code 24382	Transaction ID : SE.5193 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M / D D / Y Y Y Y Y Y 05 / 23 / 2014 </div>
Purpose of Expenditure Call agent pay - Phone bank (05/17/14 - 05/23/14)		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%;"> 3541.61 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> 480.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> 480.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward King

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 12 / 01 / 2014

Signature

Full Name of Payee Aaron Spradlin		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2014	
Mailing Address 1661 Grayson Tpk		Amount 175.00	
City Wytheville	State VA	Zip Code 24382	Transaction ID : SE.5234 Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2014
Purpose of Expenditure Call agent pay - Phone bank (05/31/14 - 06/03/14)		Category/ Type 001	
Name of Federal Candidate IGOR A BIRMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: CA
Calendar Year-To-Date Per Election for Office Sought 21454.66		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	➤	415.00
(b) SUBTOTAL of Unitemized Independent Expenditures	➤	
(c) TOTAL Independent Expenditures.....	➤	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 81 OF 84
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Jaclyn Tupek			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2014		
Mailing Address 4966 Sentinel Dr, #101			Amount 240.00		
City Bethesda		State MD	Zip Code 20816		Transaction ID : SE.5182
Purpose of Expenditure Call agent pay - Phone bank (05/10/14 - 05/16/14)		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014	
Name of Federal Candidate BRYAN SMITH			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: ID		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jaclyn Tupek			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 23 / 2014		
Mailing Address 4966 Sentinel Dr, #101			Amount 240.00		
City Bethesda		State MD	Zip Code 20816		Transaction ID : SE.5202
Purpose of Expenditure Call agent pay - Phone bank (05/17/14 - 05/23/14)		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 05 / 23 / 2014	
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: CA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			480.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Edward King</i>			Date MM / DD / YYYY 12 / 01 / 2014		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 82 OF 84
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Jaclyn Tupek			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 30 / 2014		
Mailing Address 4966 Sentinel Dr, #101			Amount 240.00		
City Bethesda	State MD	Zip Code 20816	Transaction ID : SE.5221		
Purpose of Expenditure Call agent pay - Phone bank (05/24/14 - 05/30/14)		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 30 / 2014		
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 14644.26			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Christopher Wells			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 16 / 2014		
Mailing Address 531 Winthron Ct			Amount 240.00		
City Murfreesboro	State TN	Zip Code 37128	Transaction ID : SE.5177		
Purpose of Expenditure Call agent pay - Phone bank (05/10/14 - 05/16/14)		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 16 / 2014		
Name of Federal Candidate BRYAN SMITH			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: ID		
Calendar Year-To-Date Per Election for Office Sought 6408.11			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			480.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Edward King</u>			Date MM / DD / YYYY 12 / 01 / 2014		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 83 OF 84
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Christopher Wells			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 23 / 2014</div>		
Mailing Address 531 Winthron Ct			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">240.00</div>		
City Murfreesboro		State TN	Zip Code 37128		Transaction ID : SE.5196
Purpose of Expenditure Call agent pay - Phone bank (05/17/14 - 05/23/14)		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 23 / 2014</div>	
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: CA <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">4201.61</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Christopher Wells			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 30 / 2014</div>		
Mailing Address 531 Winthron Ct			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">240.00</div>		
City Murfreesboro		State TN	Zip Code 37128		Transaction ID : SE.5216
Purpose of Expenditure Call agent pay - Phone bank (05/24/14 - 05/30/14)		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05 / 30 / 2014</div>	
Name of Federal Candidate IGOR A BIRMAN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: CA <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">13444.26</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">480.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Edward King</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12 / 01 / 2014</div>		

[Electronically Filed]

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount \$
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	175.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	35607.98

MM / DD / YYYY

FEC Schedule E (Form 3X) Rev. 09/2013